

COMPANY LICENSE NUMBER

OWNER/MANAGER RENEWAL APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 11-2011
EXPIRES. _____

PLEASE TYPE OR PRINT LEGIBLY

☐ OWNER ☐ MANAGER

NAME. _____ SSB. _____ - _____ - _____
Last : irst MI

MAILING ADDRESS: _____
& Street or P.O. Box City County State/ZIP

RACE: _____ SEX: _____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____ DOB: _____

DRIVER'S LICENSE: _____ HOME PHONE: (____) _____
State Number CELL PHONE: (____) _____

PLACE OF BIRTH: _____
City County State Country

IF BORN OUTSIDE THE UNITED STATES, PLEASE SUBMIT ONE OF THE FOLLOWING: **WORK PERMIT, PERMANENT RESIDENT CARD OR NATURALIZATION PAPERS.**

BUSINESS NAME: _____ PHONE: (____) _____

WARNING TO APPLICANT:

PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS A MISDEMEANOR, CRIME INVOLVING AN ACT OF VIOLENCE OR CRIME INVOLVING MORAL TURPITUDE.** IF THE APPLICANT HAS BEEN CONVICTED, HE OR SHE MUST ATTACH DOCUMENTATION CERTIFIED BY THE COURT AS TO THE DISPOSITION OF THE CHARGE. THE APPLICANT MUST ALSO LIST ANY CRIMINAL CHARGES NOW PENDING OR ON APPEAL. **DO NOT LIST TRAFFIC VIOLATIONS EXCEPT FAILURE TO APPEAR.**

CHECK APPLICABLE BOX:

NONE, I HAVE NO CONVICTIONS TO REPORT.

YES, I HAVE A CONVICTION(S) TO REPORT. SEE BELOW FOR INFORMATION REGARDING CONVICTION(S).

Charge	Location	Date	Disposition

THE APPLICANT STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE APPLICANT WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.

SIGNED: _____ **DATE:** _____

STATE OF _____ **§**

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____ 20_____.

Notary Public

DO NOT WRITE IN THE SPACES BELOW

FOR BOARD USE ONLY

I.D. BUREAU

☐ RECORD

☐ NO RECORD

C.I.D.

☐ NCIC

☐ WANTED

☐ NOT WANTED

☐ TRAFFIC RECORD

☐ NO TRAFFIC RECORD

Signature of person making inquiry: _____ Date: _____